

IN THE COMMONWEALTH COURT OF PENNSYLVANIA

Prism Contractors, Inc.,	:	
	:	
Petitioner	:	
	:	
v.	:	No. 1484 C.D. 2024
	:	Submitted: February 4, 2026
Roger Attwood (Workers'	:	
Compensation Appeal Board),	:	
	:	
Respondent	:	

BEFORE: HONORABLE MICHAEL H. WOJCIK, Judge
HONORABLE LORI A. DUMAS, Judge
HONORABLE MARY HANNAH LEAVITT, Senior Judge

OPINION NOT REPORTED

MEMORANDUM OPINION
BY JUDGE WOJCIK

FILED: August 28, 2026

Prism Contractors, Inc. (Employer) petitions for review of the order of the Workers' Compensation Appeal Board (Board) affirming the decision and order of the workers' compensation judge (WCJ) following remand involving injuries sustained by Roger Attwood (Claimant), during the course and scope of his employment with Employer pursuant to the Pennsylvania Workers' Compensation Act (Act).¹ We affirm.

Claimant, a long-time roofer and mason, suffered a traumatic left lower-leg injury on March 9, 2020, while transitioning between roof pitches on a residential jobsite. The incident, which involved a sudden loss of footing and immediate onset of severe pain, resulted in a number of symptoms that treating

¹ Act of June 2, 1915, P.L. 736, *as amended*, 77 P.S. §§1-1041.4, 2501-2708.

physicians ultimately diagnosed as Complex Regional Pain Syndrome (CRPS) of the left lower extremity. Reproduced Record (RR) at 17a-29a; 118a-22a.

Employer initially issued a Notice of Temporary Compensation Payable, later converting it to a Notice of Compensation Payable (NCP), acknowledging liability for a left lower-leg strain/tear. *See* RR at 1a-2a. Claimant underwent emergency evaluation and subsequent treatment with orthopedic and pain-management specialists. Over time, he developed persistent symptoms including temperature asymmetry, skin color changes, hypersensitivity, swelling, motor deficits, and progressive loss of function, which multiple treating providers documented, including Dr. Miteswar Purewal. *See id.* at 139a-55a; 217a-53a.

Employer later filed a Termination Petition alleging full recovery, relying chiefly on two independent medical evaluations performed by orthopedic surgeon Dr. Paul Horenstein. *See* RR at 270a-329a; 348a-411a. In contrast, Claimant filed a Review Petition seeking to amend the injury description to include CRPS and, initially, a lumbar spine condition. *Id.* at 6a-8a.

The matter proceeded before the WCJ, who heard testimony from Claimant and reviewed deposition testimony from Dr. Purewal, Dr. Horenstein, and nurse case manager Lacie Tome. In a decision dated September 1, 2022, the WCJ found Claimant fully credible, accepted the CRPS diagnosis, amended the injury description to include CRPS, and denied Employer's Termination Petition. RR at 476a-86a.

Employer appealed to the Board, which in April 2023, remanded for further findings on whether Claimant's lumbar claim satisfied the 120-day notice requirement of Section 311 of the Act, 77 P.S. §631. On December 19, 2023, the WCJ concluded that the lumbar pathology constituted a new injury resulting from

non-work-related falls and that Claimant did not notify Employer within 120 days. *See* RR 500a-05a. Employer again appealed, and on October 7, 2024, the Board affirmed all substantive findings of the WCJ, including the CRPS expansion of the compensable injury in the NCP and the denial of Employer’s Termination Petition to end Claimant’s receipt of benefits. *See id.* at 513a-27a. Employer then filed the instant appeal of the Board’s order.²

On appeal, Employer claims³ that the Board erred in affirming the WCJ’s decision because: (1) the WCJ erred in denying “Employer’s Termination

² This Court’s review is limited to determining whether constitutional rights were violated, whether an error of law was committed, or whether necessary findings of fact are supported by substantial evidence. Section 704 of the Administrative Agency Law, 2 Pa. C.S. §704. Moreover, as this Court has explained:

At the outset, we note that it is well settled that the WCJ is the sole arbiter of credibility and evidentiary weight. *Womack v. Workers’ Comp[ensation] Appeal B[oard] (Sch[ool] Dist[ri]ct of Phila[delphia])*, 83 A.3d 1139, 1154 (Pa. Cmwlth.), *appeal denied*, 94 A.3d 1011 (Pa. 2014). In determining whether the WCJ’s findings are supported by substantial evidence, we may not reweigh the evidence or the credibility of the witnesses but must simply determine whether the WCJ’s findings have the requisite measure of support in the record as a whole. *Elk Mountain Ski Resort, Inc. v. Workers’ Comp[ensation] Appeal B[oard] (Tietz, deceased)*, 114 A.3d 27, 32 n.5 (Pa. Cmwlth. 2015). It is irrelevant whether there is evidence to support a contrary finding; if substantial evidence supports the WCJ’s necessary findings, we may not disturb those findings on appeal. *Williams v. Workers’ Comp[ensation] Appeal B[oard] (USX Corp.-Fairless Works)*, 862 A.2d 137, 143-44 (Pa. Cmwlth. 2004)

Ryan L. Ford Contractor v. Workers’ Compensation Appeal Board (Petersen) (Pa. Cmwlth., No. 703 C.D. 2017, filed June 4, 2018), slip op. at 15; *see also* Pa.R.A.P. 126(b)(1)-(2) (“As used in this rule, ‘non-precedential decision’ refers to . . . an unreported memorandum opinion of the Commonwealth Court filed after January 15, 2008. Non-precedential decisions . . . may be cited for their persuasive value.”).

³ In the interest of clarity, we reorder the claims raised by Employer in this appeal.

Petition as to the originally accepted left lower extremity strain or tear, where Claimant presented no evidence of an ongoing left lower extremity strain or tear in opposition to the Employer's full recovery opinion;" (2) the WCJ erred in modifying the NCP as Claimant's "medical expert based his opinion solely on the admittedly false assumption that Claimant ha[d] no left lower extremity symptoms until after the work injury" and "the decision was otherwise neither reasoned nor supported by substantial evidence"; and (3) the WCJ erred in "determin[ing] that the WCJ properly relied on the hearsay opinions of non-testifying doctors who were unaware of Claimant's similar pre-injury complaints." Brief for Petitioner at 4.

However, the record in this matter reflects a history of ongoing pathology consistent with CRPS. Claimant testified that he felt "a pop and three snaps" while stepping onto a steeper roof slope. RR at 17a-18a. He immediately experienced severe pain, loss of weight-bearing ability, and functional collapse of the left lower extremity. Emergency Medical Services extracted him from the roof and transported him to the hospital. *Id.* at 18a-21a. Claimant's testimony further detailed symptoms of burning pain, hypersensitivity, marked swelling, discoloration, temperature differences, and motor dysfunction. *See id.* at 21a-25a; 27a-28a; 29a-31a. These symptoms persisted despite extensive conservative treatment including physical therapy, desensitization therapy, aqua therapy, multiple sympathetic nerve blocks, and neuropathic medications. *See id.* The WCJ found Claimant's testimony highly credible, consistent with his treatment history and objective findings. *Id.* at 480a-81a; 484a.

Central to the medical dispute in this case was the testimony of Claimant's treating pain specialist Dr. Purewal, whose deposition spans pages 90a through 173a of the Reproduced Record. Applying the Budapest Criteria, he

diagnosed that Claimant was suffering from CRPS, identifying: sensory abnormalities; motor instability with mottling and temperature asymmetry; edema and sudomotor dysfunction; and motor and trophic changes including movement loss and gait alteration, skin/hair changes. *See id.* Dr. Purewal offered an unequivocal expert opinion within a reasonable degree of medical certainty that the CRPS was causally related to the March 9, 2020 traumatic roof injury and rejected alternative etiologies. *See id.* at 119a-22a; 139a-46a. The WCJ found his testimony credible, well-reasoned, and consistent with the treatment record. *See id.* at 481a-82a; 484a.

Nurse case manager Lacie Tome corroborated the presence of CRPS-consistent symptoms, noting that treating physicians, including Drs. Shah, Stolzenberg, and Rowe, documented ongoing objective abnormalities. RR at 206a-63a. Her testimony further supported the conclusion that Claimant's symptom profile was consistent and sustained across providers.

Employer's primary competing evidence consisted of the IME reports of Dr. Horenstein, who opined that Claimant suffered only a temporary soft-tissue strain and exhibited no signs of CRPS. RR at 264a-341a; 342a-435a. The WCJ rejected Horenstein's opinions after noting several deficiencies: his examinations were brief; he did not reconcile his findings with the voluminous treating records; he discounted autonomic signs repeatedly observed by treating providers; and he alone among the medical witnesses denied the presence of CRPS manifestations. *Id.* at 481a-83a.

With regard to Employer's Termination Petition, under *Udvari v. Workmen's Compensation Appeal Board (USAir, Inc.)*, 705 A.2d 1290, 1293-95 (Pa. 1997), an employer seeking the termination of benefits must prove through

unequivocal medical evidence that the claimant is: (1) fully recovered; (2) able to return to unrestricted employment; and (3) exhibiting no objective signs consistent with ongoing disability. In addition, as this Court has recently explained:

“The question of whether expert medical testimony is unequivocal, and, thus, competent evidence to support factual determinations is a question of law subject to our review.” *Amandeo v. Workers’ Comp[ensation] Appeal B[oard] (Conagra Foods)*, 37 A.3d 72, 80 (Pa. Cmwlth. 2012). “In such cases, we review the testimony as a whole and may not base our analysis on a few words taken out of context.” *Id.* “Taking a medical expert’s testimony as a whole, it will be found to be equivocal if it is based only upon possibilities, is vague, and leaves doubt.” *Kurtz v. Workers’ Comp[ensation] Appeal B[oard] (Waynesburg College)*, 794 A.2d 443, 449 (Pa. Cmwlth. 2002). “[M]edical testimony is unequivocal if a medical expert testifies, after providing a foundation for the testimony, that, in his professional opinion, he believes or thinks a fact exists.” *O’Neill v. Workers’ Comp[ensation] Appeal B[oard] (News Corp., Ltd.)*, 29 A.3d 50, 57 (Pa. Cmwlth. 2011).

In addition to this requirement that a medical expert’s testimony be unequivocal, the medical expert’s testimony also must reflect the expert’s adequate understanding of the facts to be competent. *Sears, Roebuck & Co. v. Workmen’s Comp[ensation] Appeal B[oard]*, 409 A.2d 486, 490 (Pa. Cmwlth. 1979). In reviewing an expert’s testimony on this basis, we must consider whether the expert “had sufficient facts before him upon which to express” his medical opinion. *Id.* A medical expert’s opinion will be held to be incompetent only when the opinion is based solely on inaccurate or false information; when the record as a whole contains factual support for an expert’s opinion, the opinion is not incompetent. *Am[erican] Contracting Enter[prises], Inc. v. Workers’ Comp[ensation] Appeal B[oard] (Hurley)*, 789 A.2d 391, 396 (Pa. Cmwlth. 2001). Furthermore, answers given during cross-examination in a workers’ compensation proceeding “do not, as a matter of law,

destroy the effectiveness of [the] previous opinions expressed by a physician.” *Hannigan v. Workmen’s Comp[ensation] Appeal B[oard] (Asplundh Tree Expert Co.)*, 616 A.2d 764, 767 (Pa. Cmwlth. 1992)[.] Instead, such statements go to the weight, not the competency, of the expert’s opinion. *Corcoran v. Workers’ Comp[ensation] Appeal B[oard] (Capital Cities/Times Leader)*, 725 A.2d 868, 872 (Pa. Cmwlth. 1999).

Ryan L. Ford Contractor v. Workers’ Compensation Appeal Board (Petersen) (Pa. Cmwlth., No. 703 C.D. 2017, filed June 4, 2018), slip op. at 16-17.

As outlined above, given the extensive objective complaints and findings here, including hypersensitivity, autonomic changes, pronounced motor deficits, and Claimant’s inability to walk without supportive devices, Employer could not meet its burden of proof to support the termination of Claimant’s benefits. *See* RR at 29a-31a; 32a-33a; 112a-30a. Moreover, Dr. Purewal’s credited unequivocal and competent medical opinion established continuing disability, directly defeating the termination of benefits. *See id.* at 484a. Because the WCJ found ongoing objective abnormalities and credible evidence of continuing impairment, the Termination Petition was correctly denied. We simply will not accede to Employer’s request to reweigh the evidence because all of the WCJ’s findings are amply supported by the record as outlined above.

With respect to Claimant’s Review Petition, Section 413(a) of the Act, 77 P.S. §771, authorizes expansion of the injury description when the evidence shows that the accepted injury is incomplete or inaccurate. Given the extensive medical evidence establishing CRPS and the WCJ’s credibility determinations, amendment to include CRPS was legally proper. *See* RR at 480a-82a; *Cinram Manufacturing, Inc. v. Workers’ Compensation Appeal Board (Hill)*, 932 A.2d 346, 349 (Pa. Cmwlth. 2007), *aff’d*, 975 A.2d 577 (Pa. 2009) (“[T]he WCJ may amend the description of the claimant’s work injury by modifying an NCP if it is proved to

be materially incorrect or if the claimant's disability status has changed. An NCP is materially incorrect if the accepted injury fails to include all of the injuries that the claimant suffered in the work incident.") (citation omitted).

Moreover, with respect to Claimant's lumbar claim, Section 311 requires that notice of a work injury be given within 120 days of its occurrence unless the employer already has actual knowledge. 77 P.S. §631. Here, the WCJ found that Claimant's low-back symptoms originated after non-work-related falls occurring at home and not during the work-related roof incident. *See* RR at 25a-27a; 500a-05a. Because these falls constituted intervening events, the lumbar complaints represented a new injury, requiring new timely notice. As the Supreme Court has explained:

Under the Act, notice is a prerequisite to receiving workers' compensation benefits, and the claimant bears the burden of demonstrating that proper notice was given. Sections 311 and 312 of the Act govern the timing and content of the notice, respectively. Section 311 provides that an employee has 120 days from the date of the injury, or from the date the employee learns the injury is work-related, to provide notice to the employer of the work-related injury. 77 P.S. §631. Section 312 . . . requires that the notice "inform the employer that a certain employee received an injury, described in ordinary language, in the course of his employment on or about a specified time, at or near a place specified." 77 P.S. §632. Thus, the plain language of the statute sets forth, generally, what is required of an injured employee when informing the employer of a work-related injury. Section 312 does not speak, however, to the determination of whether notice is adequate. As such, the parameters of what constitutes adequate notice in a given case has been developed through our caselaw.

Gentex Corporation v. Workers' Compensation Appeal Board (Morack), 23 A.3d 528, 534 (Pa. 2011) (citation and footnote omitted). Here, Claimant did not report a

lumbar injury until filing his Review Petition in October 2021, well beyond the 120-day window following any alleged onset. *See* RR 6a-8a. The WCJ and the Board therefore properly rejected the lumbar expansion of Claimant's injury.

In sum, the record contains substantial, credible, and un rebutted evidence that Claimant developed CRPS of the left lower extremity as a direct result of the March 9, 2020 work-related injury. The WCJ's findings, supported by the detailed and credible testimony of Dr. Purewal, bolstered by other multiple treating physicians, and corroborated by Claimant's credible testimony, fully satisfy the standards governing injury expansion under Section 413(a) and preclude the termination of benefits under *Udvari*. The WCJ's rejection of Claimant's request to expand the work-related injury to include the lumbar claim under Section 311 is likewise supported by substantial evidence and the applicable law.

Finally, Employer asserts that the Board erred in affirming the WCJ's decision based on his purported error in permitting Dr. Purewal to rely on the prior reports of treating physicians during his testimony. However, in rejecting this claim, the Board stated the following:

According to Rule 801(c) of the Pennsylvania Rules of Evidence, "hearsay" is defined as "a statement that (1) the declarant does not make while testifying at the current trial or hearing; and (2) a party offers in evidence to prove the truth of the matter asserted in the statement." [Pa.R.E.] 801. In workers' compensation administrative proceedings, while hearsay evidence which is properly objected to cannot support a finding, hearsay evidence which is admitted into the record without objection may support a finding in the following limited manner: the evidence may only be given its natural probative effect if corroborated by other competent evidence of record. *Walker v. Unemployment Compensation Board of Review*, 367 A.2d 366 (Pa. Cmwlth. 1976). Rule 703 of the Pennsylvania Rule[s] of Evidence provides for the

following exception to the general rule against hearsay evidence:

An expert may base an opinion on facts or data in the case that the expert has been made aware of or personally observed. If experts in the particular field would reasonably rely on those kinds of facts or data in forming an opinion on the subject, they need not be admissible for the opinion to be admitted.

Pa.R.E., Rule 703[. We acknowledge that Section 422(a) of the Act allows for a more relaxed evidentiary standard in workers' compensation cases. *Guthrie v. W[orkers' Compensation Appeal Board] (The Travelers' Club, Inc.)*, 854 A.2d 653, 658 (Pa. Cmwlth. 2004). However, this hearsay exception remains existent.]

Here, [Employer] properly preserved its objections to Dr. Purewal's testimony to the extent it referred to medical documents authored by Claimant's prior medical providers, including those medical documents authored by the physicians at Rothman, Dr. Rowe, and Dr. Lubeck. Nevertheless, Dr. Purewal specified that he customarily relies upon documents such as those authored by the above-mentioned providers in rendering his expert medical opinion as to the causation of an injured patient's diagnoses. Accordingly, Dr. Purewal met the hearsay exception under Rule 703. Consequently, the WCJ properly allowed Dr. Purewal's testimony which referenced these medical records into the record, and relied upon such testimony in rendering the finding to expand Claimant's work injury description to include CRPS of the left lower extremity.

RR at 524a-25a. We agree with the Board's reasoning and adopt it as our own in rejecting Employer's final claim of error in this appeal. *See, e.g., Marriott Corporation v. Workers' Compensation Appeal Board (Knechtel)*, 837 A.2d 623,

633 (Pa. Cmwlth. 2003) (“The Board’s reasoning on this point is sound, and we adopt it as our own. Accordingly, the order of the Board . . . is hereby affirmed.”).⁴

Accordingly, the Board’s order is affirmed.

MICHAEL H. WOJCIK, Judge

⁴ See also *Primavera v. Celotex Corporation*, 608 A.2d 515, 518-19 (Pa. Super. 1992) (“It is well understood that medical experts are permitted to express opinions which are based, in part, upon reports which are not in evidence, but which are customarily relied upon by experts in the practice of the profession. This exception to the rule against hearsay was adopted in Pennsylvania law in 1971 in *Commonwealth v. Thomas*, [282 A.2d 693, 698 (Pa.) 1971], and has been applied consistently since then.”) (footnote omitted); *Lerch v. Unemployment Compensation Board of Review*, 180 A.3d 545, 550 (Pa. Cmwlth. 2018) (“In general, Superior Court decisions are not binding on this Court, but they offer persuasive precedent where they address analogous issues.”).

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Compensation Appeal Board),	:	
	:	
Respondent	:	

ORDER

AND NOW, this 28th day of August, 2026, the order of the Workers' Compensation Appeal Board dated October 7, 2024, is **AFFIRMED**.

MICHAEL H. WOJCIK, Judge